Attorney's Did ID: P07290US00/LRP

As a below named inventor, I hereby declare that:

My residence, making address and citzenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which a claimed and for which a patient is sought on the invention

CORRESPONDING PHARMACEUTICAL COMPOSITIONS

the specification of which:

X is altached hereto
(or)
was filed on as US Application No. or PCT International Application No. , and (if applicable) was amended on ...

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-th-east applications, makerial information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim FOREIGN PRIORITY benefits under 35 USC 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventors estiticate, or 365(a) of any PCT international application which designated at least one country other than the US, listed below and have also identified below, any foreign application for patent or inventor's cartificate, or any PCT international application having a filing date before that of the application on which priority is claimed. (\_\_\_\_ADDITIONAL APPLICATIONS IDENTIFIED ON ADDITIONAL INFORMATION SHEET)

Prior Foreign Appl. No. 99/00587

Country

Day/Month/Year Filed 20 January 1999

**Priority Not Claimed** 

Liberaby claim the benefit under 35 USC 119(e) of any US PROVISIONAL application(s) listed below. (IDENTIFIED ON ADDITIONAL INFORMATION SHEET)

ADDITIONAL APPLICATIONS

U.S. Provisional Application No.

Parent Filing Date (Day/Month/Year)

Vineraby claim the (CONTINUATION) benefit under 25 USC 120 of any US application(s), or under 385(c) of any PCT application designating the US, listed below, (\_\_\_\_ADDITIONAL APPLICATIONS IDENTIFIED ON ADDITIONAL INFORMATION SHEET)

U.S. or PCT Parent Application No. PCT/FR00/00112

Parent Filing Date (Day/Month/Year)
- 19 January 2000

Parent Patent No. (if applicable)

As a mamed Inventor, I hereby appoint the registered practitioners of LARSON & TAYLOR, PLC associated with Customer Number 000881 to prosecute this application and to transact all business in the Patient and Trademark Office connected liverewith. Direct all correspondence to that Customer Number.

Direct all telephone calls to Linda R. Poteate

ai TEL (703) 739-4900 (Fax 703-739-9577) e-mail lpoteate@larsontaylor.com

I hoteby declare that all summonts made herein of my own browledge are true and that all stelements made on information and belief are believed to be true; and humber that these statements were made with the knowledge that withit lajes statements and the like so made are pullishable by one or imprisonment, or both, under 16 USC 1001 and mate such which laise statements may leoperate the validity of the application or any patient council hereon.

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## DECLARATION FOR USA PATENT APPLICATION

(including Design and National Stage PCT)

ADDITIONAL INFORMATION SHEET (USB 22 required)

Additional United States provisional application(a) listed below.

U.S. Provisional Application No.

Parent Filing Date (Day/Month/Year)

Additional Prior Foreign Application(s):

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Nat Claimed

(e)noticonal 35 U.S.C § 120 (continuation) application(s):

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (If applicable)

Additional Joint Inventor(s): FIFTH JOINT INVENTOR French Citizenship (K any) Family Name or Sumame LLORENS-CORTES Given Name (aist and Middle (fany)) Catherine Full Mailing Address 9 avenue de la Promenade - 91440 Bures sur yvette, France Residence - City, State/Country (if different from PO address) SIGNAND NOVEMber 21, DATE HERE Inventors Signature Date SIGHT JOINT INVENTOR Citizenship Given Name (first and Middle jif any)) Full Mailing Address Hestilence - City, State/Country (if different from PO address) Family Name or Sumame SIGN AND DATE HERE Inventor's Signature Date SEVENTRIJOINT INVENTOR (if any) Citizenship Family Name or Sumame Given Name (hist and Middle [if any]) Full Mailing Full Mailing
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